

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3532AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/08/2011
NAME OF PROVIDER OR SUPPLIER HACIENDA ADULT CARE OF SPRING VALLEY INC		STREET ADDRESS, CITY, STATE, ZIP CODE 5320 SHARON MARIE COURT LAS VEGAS, NV 89118		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 3/8/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for eight Residential Facility for Group beds for persons with Alzheimer's Disease, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and five employee files were reviewed. The facility received a grade of C. The following deficiencies were identified:	Y 000		
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review and interview on 3/8/11,	Y 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1 the facility failed to ensure 2 of 5 employees met background check requirements of NRS 449.176 to 449.188 (Employee #3 -no State background results for 2006 fingerprints and Employee #4 - no FBI background results for 2007 fingerprints). Severity: 2 Scope: 2	Y 105			
Y 178 SS=D	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Based on observation on 3/8/11, the facility failed to ensure the premises were clean and well maintained (Grease build up on front of kitchen cabinets). Severity: 2 Scope: 1	Y 178			
Y 557 SS=E	449.262(3)(a) Restriction on Use of Restraints NAC 449.262 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident.	Y 557			

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Y 557	Continued From page 2 This Regulation is not met as evidenced by: Based on observation on 3/8/11, the facility failed to ensure 2 of 5 residents were not restrained with the use of full side bed rails (Resident #2 - had full bed rails and Resident #3- had 3/4 bed rails). Severity: 2 Scope: 2	Y 557			
Y 876 SS=D	449.2742(4) Medication Administration NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review and interview on 3/8/11, the facility failed to comply with subsection 6 of NRS 449.037 as 1 of 5 resident medications were not at a maintenance level and required a medical assessment before administering (Resident #3- order for Hydralazine 25 milligrams required daily blood pressure checks by the caregiver). Severity: 2 Scope: 1	Y 876			
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order	Y 878			

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Y 878	Continued From page 3 NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review and interview on 3/8/11, the facility failed to ensure that 1 of 5 residents received medications as prescribed (Resident #5-Acetaminophen, MAR read to give 225 milligrams (mg), two tablets once a day. The resident was being given two, 500 mg tablets once a day). Severity: 2 Scope: 1	Y 878			
Y 994 SS=F	449.2756(1)(e) Alzheimer's facility - Dangerous items NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents.	Y 994			

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Y 994	Continued From page 4 This Regulation is not met as evidenced by: Based on observation on 3/8/11, the facility failed to ensure dangerous items were not accessible to 5 of 5 residents (drawer containing knives was unlocked and 2 butcher knives were in a canister on top of the kitchen counter). Severity: 2 Scope: 3	Y 994			
Y 999 SS=F	449.2754(1)(g) Alzheimer's Facility-Toxic substances NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. This Regulation is not met as evidenced by: Based on observation on 3/8/11, the facility failed to ensure toxic substances were inaccessible to 5 of 5 residents (cleaning supply cabinet in laundry room was unlocked) The door to the laundry room was open and accessible to all residents. Severity: 2 Scope: 3	Y 999			

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